



REDACTED

The Board of Elections in the City of New York

PRINT ☒ 0

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3 NEW AD-76 1976 ED-54

FORM NO. 45782A

1. DID YOU PREVIOUSLY VOTE IN N.Y. STATE? ☒ YES ☐ NO

2. SURNAME: **SOBER-GREENE** GIVEN NAME: **AURELIA**

3. STREET ADDRESS: **1248 TELLER AVE** 4. ROOM, FLOOR OR APT. NO.: **56 PRIVATE HOUSE**

5. HEIGHT: **5'4"** 6. LENGTH OF RESIDENCE AT TIME OF NEXT ELECTION: **29** YRS **3** MO **9** DAYS

7. DATE OF BIRTH: **1934** 8. BORN IN: ☒ U.S. ☐ FOREIGN

9. SEX: ☒ F ☐ M

10. COLOR OF HAIR: **BLACK** 11. COLOR OF EYES: **BROWN** 12. MARRIED: ☒ YES ☐ NO

13. SINGLE: ☐ WIDOWED: ☐ 14. WAS APPLICANT CHALLENGED: ☒ YES ☐ NO

15. CHECK CARD EXECUTED: ☒ YES ☐ NO

16. CURRENT REGISTRATION LIST CHECKED: ☒ YES ☐ NO

17. IS APPLICANT INCLUDED IN THE LIST OF CANCELLED REGISTRATIONS FROM THIS DISTRICT? ☒ YES ☐ NO

18. CANCELLATION DATE: **1976** REASON: **(1)**

19. FILL IN ONLY IF APPLICANT DID PREVIOUSLY VOTE AT A GENERAL ELECTION IN THIS STATE.

IN WHAT YEAR DID YOU LAST VOTE AT A GENERAL ELECTION IN THIS STATE? **1963** DID YOU REGISTER UNDER YOUR PRESENT NAME? ☒ YES ☐ NO

IF NOT, UNDER WHAT NAME DID YOU REGISTER? (PRINT) **3112 GRACE AVE Bx 674 N.Y.** CITY: **274948** COUNTY: **ED-57 AD-76**

IF NOT, FROM WHAT ADDRESS DID YOU VOTE? **3112 GRACE AVE Bx 674 N.Y.** CITY: **274948** COUNTY: **ED-57 AD-76**

20. FILL IN ONLY IF APPLICANT DID NOT PREVIOUSLY VOTE AT A GENERAL ELECTION IN THIS STATE.

ST. ADDRESS: **HOUSEWIFE** CITY, TOWN: **HOUSEWIFE** COUNTY: **HOUSEWIFE**

NAME AND ADDRESS OF EMPLOYER: **HOUSEWIFE**

21. TO BE FILLED IN WHERE APPLICANT PRODUCES NA. PAPERS: **OWN** ☐ **FATHERS** ☐ **MOTHERS** ☐ **HUSBANDS** ☐

22. THE FOREGOING STATEMENTS ARE TRUE: **X** **Aurelia Greene** SIGNATURE OF APPLICANT

23. IF NATURALIZED THROUGH HUSBAND, WAS APPLICANT MARRIED TO SUCH HUSBAND BEFORE SEPT. 22, 1922? ☒ YES ☐ NO

24. **Marie Hedrick m m e Hedrick**



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1 Qualifications

1 Are you a citizen of the U.S.? ☒ Yes ☐ No
If you answer No, you cannot register to vote.

2 Will you be 18 years of age or older on or before election day? ☒ Yes ☐ No
If you answer No, you cannot register to vote unless you will be 18 years of age on or before election day.

RECEIVED 4/00 28 467
BRONX BO OF ELECTIONS
JAN 20 11 56

Your name

3 Last name Williams Middle initial RI
First name PETER

More information
Items 6 & 7 are optional

4 Birth date 1.9.74 5 Sex ☒ M ☐ F
6 Phone [REDACTED] 7 Email p.j.c.will50@yahoo.com

The address where you live

8 Address (not P.O. box) 1248 TELLER AVE
Apt. Number 2 Zip code 10456
City/Town/Village
New York State County BRONX

The address where you receive mail
Skip if same as above

9 Address on P.O. box 1248 TELLER AVE
P.O. Box Zip code 10456
City/Town/Village BRONX

Voting history

10 Have you voted before? ☒ Yes ☐ No
11 What year? 2012

Voting information that has changed
Skip if this has not changed or you have not voted before

12 Your name was
Your address was 3222 BRONX BLVD 6 BRONX NY
Your previous state or New York State County was BRONX

Identification
You must make 1 selection.
For questions, please refer to the front of this form.

13 ☐ New York State DMV number
☐ Last four digits of your Social Security number [REDACTED]
☐ I do not have a New York State driver's license or a Social Security number

Political party
You must make 1 selection.
Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.

14 I wish to enroll in a political party:
☒ Democratic party
☐ Republican party
☐ Conservative party
☐ Green party
☐ Working Families party
☐ Independence party
☐ Women's Equity party
☐ Reform party
☐ Other
☐ I do not wish to enroll in a political party
☐ No Party

Optional questions

15 ☐ I need to apply for an Absentee ballot
☐ I would like to be an Election Day worker

Affidavit: I swear or affirm that

16 I am a citizen of the United States.
I have lived in the county, city or village for at least 30 days before the election.
I meet all requirements to register to vote in New York State.
This is my signature or mark in the box below.
The above information is true. I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or imprisoned for up to four years.

Sign [Signature]
Date 01/16/2016

MOISTEN AND SEAL



The Board of Elections in the City of New York

1 Qualifications

1 Are you a citizen of the U.S.? ☒ Yes ☐ No
If you answer No, you cannot register to vote.

2 Will you be 18 years of age or older on or before election day? ☒ Yes ☐ No
If you answer No, you cannot register to vote unless you will be 18 by the end of the year.

Your name

3 Last name Williams First name Chontel Suffix Middle Initial

More information
Items 6 & 7 are optional

4 Birth date 12/28/1988 5 Sex ☐ M ☒ F

6 Email

The address where you live

8 Address (not P.O. box) 1248 Teller Avenue
Apt./Number 2nd Flr Zip code 11045
City/Town/Village Bronx
New York State County New York

The address where you receive mail
Skip if same as above

9 Address or P.O. box 1248 Teller Avenue
P.O. Box 2nd Flr Zip code 11045
City/Town/Village Bronx

Voting history

10 Have you voted before? ☒ Yes ☐ No

11 What year? 2012

Voting information
Skip if this has not changed or you have not voted before

12 Your name was 3000 Bronx Blvd, Bronx
Your previous state or New York State County was

Identification
You must make 1 selection.
For question 13, please refer to Marking your ballot above.

13 ☐ New York State DMV number
☐ Last four digits of your Social Security number XXXX-XX-XXXX
☐ I do not have a New York State driver's license or a Social Security number

Political party
You must make 1 selection.
Political party enrollment is optional but, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state politics laws allow otherwise.

14 I wish to enroll in a political party:
☒ Democratic party
☐ Republican party
☐ Conservative party
☐ Green party
☐ Working Families party
☐ Independence party
☐ Women's Equality party
☐ Reform party
☐ Other
I do not wish to enroll in a political party:
☐ No party

Affidavit: I swear or affirm that

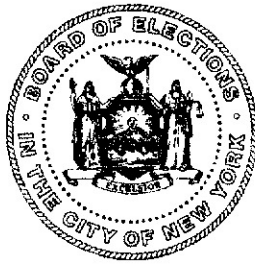
- I am a citizen of the United States.
- I will have lived in the county, city or village for at least 30 days before the election.
- I meet all requirements to register to vote in New York State.
- This is my signature or mark in the box below.
- The above information is true. I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

15 **Optional questions**
☐ I need to apply for an Absentee ballot.
☐ I would like to be an Election Day worker.

Sign Chontel Williams
Date 1/16/2016

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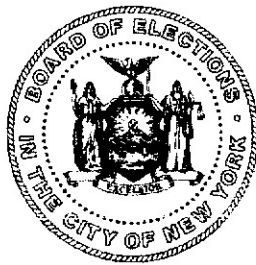
MOISTEN AND SEAL



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<input checked="" type="checkbox"/> New registration and enrollment <input type="checkbox"/> Yes, I need an application for an Absentee Ballot		<input type="checkbox"/> Address change <input type="checkbox"/> Party enrollment change <input type="checkbox"/> Name change		<input type="checkbox"/> Yes, I would like to be an Election Day Worker	
Please print or type in blue or black ink					
1 Are you a U.S. citizen? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2 I will be 18 years old on or before election day: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		For Board use only! 2007 SEP 17 P 5:28	
3 Last Name: <u>Palmer</u> First Name: <u>Vernon</u> Middle Initial: <u>S</u> Suffix:		City/Town/Village: <u>Bronx</u> Zip Code: <u>10456</u> County: <u>Bronx</u>			
4 Address Where You Live (do not give P.O. address): <u>1248 Teller Avenue</u>		Apt. No.:		Post Office:	
5 Address Where You Get Your Mail (if different from above):		P.O. box, star rte., etc.:		Zip Code:	
6 Date of Birth: <u>63</u>		7 Sex (circle): <u>M</u>		8 Home Tel. Number (optional):	
9 The last year you voted: <u>Don't remember</u>		Your Address was (give house number, street, and city): <u>1059 Teller Avenue Bx 10486</u>		ID Number - Check the applicable box and provide your number: <input type="checkbox"/> New York Driver's License Number: <u>[REDACTED]</u> <input checked="" type="checkbox"/> LAST FOUR DIGITS of your Social Security number: <u>[REDACTED]</u> <input type="checkbox"/> I do not have a New York driver's license number or a Social Security number.	
10 Is county/state: <u>Bronx</u>		Under the name (if different from your name now):		12 AFFIDAVIT: I swear or affirm that: • I am a citizen of the United States. • I will have lived in the county, city, or village for at least 30 days before the election. • I meet all requirements to register to vote in New York State. • This is my signature or mark on the line below. • The above information is true. I understand that if it is not true I can be convicted and fined up to \$5,000 and/or jailed for up to four years. Signature or mark: <u>[Signature]</u> Date: <u>9/13/07</u>	
11 Choose a Party — Check one box only: <input type="checkbox"/> REPUBLICAN PARTY <input checked="" type="checkbox"/> DEMOCRATIC PARTY <input type="checkbox"/> INDEPENDENCE PARTY <input type="checkbox"/> CONSERVATIVE PARTY <input type="checkbox"/> WORKING FAMILIES PARTY <input type="checkbox"/> OTHER (write in): <input type="checkbox"/> I DO NOT WISH TO ENROLL IN A PARTY		Please note: In order to vote in a primary election, you must be enrolled in one of these parties.			



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The Board of Elections in the City of New York

1973

PRINT

DID YOU PREVIOUSLY VOTE IN N.Y. STATE? YES ☒ NO ☐

2. SURNAME **HOLLEY** GIVEN NAME **SYBIL** INITIAL **E** 3. E.D. **57** 4. A.D. **76** 5. DATE OF REGISTRATION **3/31/73** 6. BRONX ☐ 7. DATE OF BIRTH **3/15** 8. BORN IN U.S.A. ☒ 9. SEX **F**

10. STREET ADDRESS **1248 TELLER AVENUE** 11. CITY **JB** 12. STATE **2ND** 13. LENGTH OF RESIDENCE AT TIME OF LAST ELECTION YRS. **3** MO. **15** DAYS **19**

14. CURRENTLY IS APPLICANT INCLUDED IN REGISTRATION THE LIST OF CANCELLED REGISTRATIONS FROM THIS DISTRICT? YES ☐ NO ☒ 15. CANCELLATION DATE (FOR OFFICE USE ONLY) REASON (V) **1** 2 3 4 5 6 7

16. FILL IN ONLY IF APPLICANT DID PREVIOUSLY VOTE AT A GENERAL ELECTION IN THIS STATE. IN WHAT YEAR DID YOU LAST VOTE AT A GENERAL ELECTION IN THIS STATE? **5'3"** 17. DID YOU REGISTER UNDER YOUR PRESENT NAME? YES ☒ NO ☐ 18. IF NOT, UNDER WHAT NAME DID YOU REGISTER? **IF NOT, FROM WHAT ADDRESS DID YOU VOTE?**

19. FILL IN ONLY IF APPLICANT DID NOT PREVIOUSLY VOTE AT A GENERAL ELECTION IN THIS STATE. IF BORN IN THE UNITED STATES: CITY, TOWN **ALABAMA** STATE **ALABAMA** COUNTRY **ALABAMA** IF FOREIGN BORN: COUNTRY **ALABAMA** PROOF OF LITERACY **YES** ☒ **NO** ☐ NATURALIZATION PAPERS EXHIBITED **YES** ☒ **NO** ☐

20. NAME AND ADDRESS OF EMPLOYER **ASSOCIATED RETAIL STORES-LTC, N.Y.** 21. THE FOREGOING STATEMENTS ARE TRUE **X** **SYBIL E. HOLLEY** SIGNATURE OF APPLICANT

22. SIGNATURE OF REPUBLICAN BOARD MEMBER **Robert M. ...** 23. SIGNATURE OF DEMOCRAT BOARD MEMBER **DEM. DEMOCRAT**

24. TO THE REGISTRATION BOARD: IF A FOREIGN BORN APPLICANT FAILS TO EXHIBIT NATURALIZATION PAPERS HE MUST EXECUTE AN AFFIDAVIT AS REQUIRED BY ELECTION LAW SECTION 170. **YES** ☒ **NO** ☐



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FOR OFFICIAL USE ONLY SERIAL NUMBER 302124547		Last Name Dukes		First Name Ramon		Voter ID RD	
House Number 1248		Street TELLER AVE		DO NOT WRITE P.O. BOX NUMBERS		Apartment Number D4	
City or Town BRONX		Zip Code 10456		Mailing Address (if different)		Village (if any)	
Date of Birth 9-13-93		Sex M		Height 5'8"		Weight 175	
Date of Reg 9-13-93		City or Town BRONX		County NEW YORK		State NY	
Date 9-13-93		Household Address 1890 Anderson St		City or Town BRONX		State NY	
Other Remarks		Party Enrollment		Affirmation		Signature	
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Right to Life <input type="checkbox"/> Liberal		<input type="checkbox"/> Conservative <input type="checkbox"/> I do not wish to enroll in a party		I affirm that the information provided herein is true and I understand that this application will be accepted for all purposes as the equivalent of an affidavit, and if it contains a material false statement, shall subject me to the same penalties for perjury as if I had been duly sworn.		X <u>Ramon Dukes</u> Signature of Voter (must be signed by voter)	
<input type="checkbox"/> This is a change of address (See Instructions 18) <input type="checkbox"/> Transfer my registration and affidavit to this address		344 44 81 435 65 CHALLENGE		NOTED AND NOT WRITE BELOW THIS LINE		City or Town BRONX	
Last Name		First Name		MI		City or Town	
						SO	
						VAGAG	